

Retiree Form to Drop Dependent(s) from Medical, Dental and/or Vision

- Eligible dependents may (re)join City of Tucson insurance plans in accordance with plan rules during Open Enrollment or within prescribed deadlines for qualifying life events.
- Retiree Dental and Vision have **continuous coverage requirements**. Once removed from coverage, your dependents may not be able to re-join City dental/vision. For details, see the Insurance Handbook at www.tucsonaz.gov/insurance, or contact the Benefits Office.

I wish to drop the following dependents from the coverage indicated below (*print clearly*):

<u>Name</u>	<u>Relationship</u>	Medical	Dental	Vision
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE DATES

MEDICAL AND DENTAL:

You may drop coverage **prospectively** only, not **retroactively**. For example, if the COT Benefits Office receives your form in July, you may drop coverage effective the following August 1st or later.

Drop **MEDICAL** the last day of (*indicate month*): _____ 20____.

Drop **DENTAL** the last day of (*indicate month*): _____ 20____.

VISION:

Coverage for your dependent(s) will end as of the last date through which Avesis received proper, timely payment for your dependent(s). COT Benefits staff will confirm your last paid-through date with Avesis to determine the vision coverage end date.

If you are dropping your dependent(s) due to:

☐ Divorce/Legal Separation – Please provide the mailing address for the dependent(s) you are dropping:

☐ Death – Please provide date of death: _____

Retiree's Name (printed legibly)

Retiree's Signature

Retiree's phone

Retiree's E-mail

Retiree's address

Retiree's SSN or Employee ID #

Date signed

Please return your form to:

City of Tucson Benefits Office, PO Box 27210, Tucson, AZ 85726-7210
Phone: 520-791-4597 FAX: 520-791-5942